

**BUREAU OF SECURITY AND INVESTIGATIVE SERVICES**

P. O. Box 989002
West Sacramento, CA 95798-9002
www.bsis.ca.gov
(916) 322-4000
1-800 952-5210

RENEWAL APPLICATION
REPOSSESSION AGENCY QUALIFIED MANAGER CERTIFICATE

INSTRUCTIONS FOR COMPLETING RENEWAL APPLICATION

1. Identify the expiration date of your current certificate.
2. If your certificate has expired, you must also pay the delinquency fee and check the box below.
3. Print your name and address; check the box if changing the address.
4. Print your entire certificate number and sign and date the renewal application.
5. Do not send cash. Send a check or money order and fee(s) made payable to: Bureau of Security and Investigative Services and mail to P. O. Box 989002, West Sacramento, CA 95798.

PLEASE READ CAREFULLY

Each certificate is issued to a specific individual. All licenses must be renewed on or before the date of expiration. Submit your renewal application and fee(s) no earlier than ninety (90) days prior to the expiration date. THE REPOSSESSION AGENCY QUALIFIED MANAGER CERTIFICATE MAY NOT BE RENEWED AFTER 3 YEARS FROM THE EXPIRATION DATE. To renew the delinquent certificate the renewal fees and delinquency fees must be paid from the time the certificate expired to present.

A change of address to a post office box or a mailbox service is allowed only if there is no mail delivery to your residence address. If the address below is changed to a post office box or a mailbox service, you are still required to provide your physical residence address below.

YOU MAY NOT ACT AS A QUALIFIED MANAGER OF A REPOSSESSION AGENCY AFTER THE EXPIRATION DATE UNLESS THE CERTIFICATE IS RENEWED OR THE RENEWAL IS PENDING.

☐ **Repossession Agency Qualified Manager (\$450)**

Fee Enclosed \$ _____

☐ Delinquent fee (\$225)

If the renewal application is postmarked after the expiration date the delinquent fee shall apply

Expiration Date ____ / ____ / ____

(Please type or print legibly)

Name:	RAQ Certificate Number:
Mailing Address: Street City State Zip Code	Phone Number: ()
Physical Address: Street City State Zip Code	<input type="checkbox"/> Check here if mailing and or physical address have changed
Email Address:	
Qualified Manager: I certify, under penalty of perjury under the laws of the State of California, that all statements attached hereto, are true and accurate.	Date: / /
Signature: _____	
Printed Name: _____	